

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARELeonard R Baylis

Plaintiff

Warden Thomas V. Carroll et al  
Stan Taylor Commissioner et al

Defendant(s)

Chris Milaney et al Correctional Medical SystemAPPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

06-11

CASE NUMBER:

I, Leonard R Baylis declare that I am the (check appropriate box)☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 100231Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?
- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
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4. Do you have any cash or checking or savings accounts?

• • Yes ☒ No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

\_\_\_\_\_

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

2 January 06  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all **assets**. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing **all receipts, expenditures, and balances** during the last six months in your institutional accounts. If you have **multiple accounts**, perhaps because you have been in multiple institutions, attach one certified statement of **each account**.

## RESIDENT HISTORY REPORT

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HRYCI

03/31/05 15:39

ST 006 / OPR PLF

SBI : 100231  
Resident Name : BAYLIS, LEONARD  
Time Frame : 01/13/2004 00:00 - 03/31/2005 15:39

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
03/31/2005	15:39	Intake	6	PLF	F10386	0.00	0.00